

ADULT CARE HOME UNLICENSED/UNCERTIFIED PERSONNEL TRAINING COURSE GUIDELINES

Paid Nutrition Assistant
Operator
Activities Director
Social Services Designee

Health Occupations Credentialing
Kansas Department of Aging and Disability Services
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ADULT CARE HOME UNLICENSED/UNCERTIFIED
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Federal Regulations: www.kdads.ks.gov/hoc or www.kdads.ks.gov	

Dear Sponsor and Instructor of adult care home unlicensed/uncertified personnel training courses,

Health Occupations Credentialing (HOC), Kansas Department of Aging and Disability Services (department) thanks you, on behalf of the elders of the state of Kansas and their families, for being part of the training of competent, qualified unlicensed/uncertified adult care home personnel. Yours is a very important job, and this manual has been designed to help you be successful. It is essential that training courses offer the highest quality instruction possible, as well as meeting federal and state regulations ensuring the safety of a very important population of the citizens of Kansas.

This manual is divided by types of training programs, and contains instruction on each aspect of the preparation and delivery of your course. Required forms may be copied from the appendix or downloaded from our website at www.kdads.ks.gov/hoc.

Downloading the forms from the website is the best way to ensure that you have the most updated versions.

Unlicensed/Uncertified Personnel include paid nutrition assistants, operators, activity directors and social services designees.

K.S.A. 39-923(a)(27) allows the use of paid nutrition assistants (hereafter referred to as nutrition assistants) in adult care homes as prescribed by federal regulations. The statute further specifies that the instructor of a paid nutrition assistant course must meet nurse aide instructor requirements as specified in 42 CFR 483.152.

K.S.A. 39-923(a)(21) requires operators of assisted living facilities, residential health care facilities, home plus and adult day care facilities to have completed a course and passed a test that is approved by the department on the principles of assisted living.

K.A.R. 26-39-100(a)(6), (ppp)(3) and (yy)(1) outline training requirements for individuals who want to qualify as an activities director, social services designee or paid nutrition assistant. (See Federal and State Regulations: Appendix C and D.)

Here are a few housekeeping items for course sponsors and instructors to double check as you plan your courses:

- 1. Familiarize yourself with the course outline for the course you will be sponsoring, coordinating or teaching.** You may use any resources you find helpful, but the content of the course must, at minimum, match the content on the outline.
- 2. Familiarize yourself with this manual.** It is your personal tool for success.
- 3. Be sure you have all of the approvals you need by submitting the necessary forms in a timely manner as listed below:**

- ✓ **At least three weeks in advance of initial course or renewal date:**
 - A. Submit the Adult Care Unlicensed/Uncertified Personnel Training Course Sponsor Application and Agreement Form (Appendix A).
 - The application and agreement form must be completed and submitted for approval at least three weeks in advance of the initial offering of a nutrition assistant, operator, activities director, or social services designee course.
 - If the sponsor meets all requirements set forth in this document, approval to offer specified training courses will be granted for up to two years. Sponsors will have a common renewal date of June 30 of the appropriate year.
 - The same form must be submitted at least three weeks in advance of the renewal date to request approval for continuation of the sponsorship.
- ✓ **At least one week prior to a course start date:**
 - B. Submit the Course Notification Form (Appendix B).

4. Make sure your paperwork is thorough and orderly throughout the process.

This includes approval and notification forms, presenter notes and outlines, certificates, lists of successful students, tests, and any other necessary paperwork.

5. Keep the following number and email address handy:

Betty Domer, betty.domer@kdads.ks.gov
785-296-1250

Any time you have a change in a course, including class hours, beginning or end dates, content, instructors or coordinators, or classroom sites, you must contact Dolores for prior approval. Any time you have a question that is not addressed in this manual, call us.

Following these five steps will save you and your students a great deal of frustration. Ultimately, it will help ensure that the population we serve is receiving the best possible care. Remember, course sponsors and course instructors carry joint responsibility in fulfilling training requirements under state regulations.

It is our goal to ensure the health and safety of our state's elders by ensuring the highest quality training possible. To that end, we look forward to working with you as you participate in the training of Kansas unlicensed/uncertified adult care home personnel.

Sincerely,

HOC

PAID NUTRITION ASSISTANT GENERAL INFORMATION

Paid Nutrition Assistant Training Program

The paid nutrition assistant training program is the result of a cooperative effort of the Kansas Department of Aging and Disability Services and the following consultants and contributors:

Judy Bagby, RN, LNHA
Kay Billinger, RD/LD
Kathy Bode, RN, MS
Sandra Dickison, MS, RD, LD
Diane Glynn, JD, RN
Kim Halbert, RN, BS, LACHA
Patricia Maben, RN, MN
Marilyn Munoz, CNA, CMA
Isla Richards, RN
Mike Simpson, SLP
Linda Sullivan, MS, RN, ARNP, LNHA
Vera VanBruggen, RN, BA, CDONA/LTC

Regulations

Through the passage of 2004 House Substitute for SB 272, the Kansas legislature amended KSA 2003 Supp. 39-923 to allow the use of paid nutrition assistants in adult care homes, as prescribed by federal regulations 42 CFR 483.35(h) and 42 CFR 483.160, in effect on October 27, 2003. The Kansas bill may be accessed at www.kslegislature.org/enrollbills/approved/2004/272.

The federal regulations allow facilities to use a paid nutrition assistant to assist residents chosen by the supervisory nurse with eating if the nutrition assistant:

- successfully completes a State approved training course that meets, at a minimum, federally defined requirements;
- works under the supervision of an RN or LPN;
- calls on a supervisory nurse for help in an emergency. The nurse must be on duty in the facility.

The federal regulations also require that the facility must:

- ensure that a nutrition assistant feeds only residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings;
- base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care;

- maintain a record of all individuals, used by the facility as nutrition assistants, who have successfully completed the training course.

The federal rules and regulations regarding nutrition assistants (which the federal rule calls “paid feeding assistants”), along with discussion of the rules and regulations, appear in the Federal Register/ Vol.68, No. 187/ Friday, September 26, 2003, pages 55528 through 55539, accessible at www.gpoaccess.gov/fr.

Although the federal regulations do not consider feeding to be a nursing task, according to the Kansas State Board of Nursing, in Kansas, feeding is considered a nursing task, along with bathing, dressing, grooming and toileting. The nutrition assistants will work under the delegation and supervision of a nurse. The requirements for nurse delegation are found at KSA 65-1165. The definition of supervision is at KSA 65-1136(a)(4): Supervision means provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. The Nurse Practice Act is available on the KSBN website: www.ksbn.org.

The Kansas Department of Aging and Disability Services (KDADS) has updated the adult care home regulations to provide for the use of nutrition assistants in adult care homes.

Copies of the adult care home regulations may be purchased for a minimal fee from the KDADS or are available on their website, www.kdads.ks.gov.

Additional Information

Questions and/or comments about the nutrition assistant training program may be directed to Mary Flin, Education Coordinator, Health Occupations Credentialing, KDADS at 785-296-1250 or betty.domer@kdads.ks.gov or Steve Irwin, Director, Health Occupations Credentialing at 785-296-6664 or steve.irwin@kdads.ks.gov.

Nutrition Assistant Training Course Requirements

1. Sponsors must be one of the following:

- Licensed adult care home
- Postsecondary school under the jurisdiction of the state Board of Regents

2. Instructors must be registered nurses who have:

- A minimum of two years of nursing experience, at least one year of which is in the provision of long-term care facility services
- Completed a course in teaching adults or have experience in teaching adults or supervising nurse aides

3. The following requirements must be agreed to in writing:

- The sponsor will notify the department in writing at least three weeks in advance of any nutrition assistant course, and will include course dates and locations. (Use Course Notification Form in Appendix B.)
- The sponsor will notify the department of any change from the approved application, including date or location for each course.
- The course must consist of a minimum of 12 hours.
- The course will include all the content found on the approved nutrition assistant course outline. Each student must also be evaluated using the approved competency test. The student must successfully complete the competency test to pass the course. The competency evaluation may be included in the minimum 12 required hours.
- A certificate of completion of training shall be awarded to the successful student by the training institution. The certificate shall include, at a minimum, the name of the training institution, the name of the student, the name of the course, the name of the instructor, the date of completion, and the number of hours of instruction.
- The sponsor will inform the participants that the certificate is permanent evidence of completion of training and should be retained.
- The sponsor will maintain a record of certificates issued to participants who have successfully completed the course.
- A roster of individuals who have successfully completed the course and competency test must be submitted to the department. The list must include the course approval number and the name, address, social security number and birth date of each individual.

Nutrition Assistant Training Course Outline

- I. Working in a long-term care home
 - A. Brief overview of long-term care environment
 - B. Role and responsibilities of a nutrition assistant
 - 1. Defined by federal and state laws.
 - 2. Nutrition assistant must be supervised by a licensed nurse. Supervising nurse should provide pertinent information about each resident the nutrition assistant is to assist at a particular meal. The nurse will provide specific instructions about how to assist the resident to eat safely and how to encourage the resident to eat.
 - 3. Nutrition assistant receives from the supervising nurse an assignment of residents to assist with eating. The assignment may change from day to day and meal to meal.
 - 4. Nutrition assistant reports to the licensed nurse whenever there is concern about the resident he/she is assisting with eating or he/she notices a problem with another resident.
 - 5. Nutrition assistant is responsible for reporting to licensed nurse whenever observable changes occur in the resident.
 - 6. Nutrition assistant provides only the direct care of assisting the resident to eat and does not provide any other type of direct care to a resident.
 - 7. Nutrition assistant may push a wheelchair but cannot perform tasks that are considered direct care such as dressing, grooming, bathing, transferring, positioning or assisting a resident to walk.
 - 8. Nutrition assistant may perform tasks related to housekeeping and dietary services, if properly trained.
 - 9. Nutrition assistant explains refusal respectfully to resident or family members when requested to provide assistance outside of role.
 - C. As a member of a team caring for a group of residents, a nutrition assistant:
 - 1. Performs only the tasks assigned by the licensed nurse.

2. Must be willing to assist other members of the team as long as the tasks are within the scope of responsibility and agreed to by the supervising nurse.
3. Works cooperatively with other members of the team.
4. Must be assertive and respectful when requested to provide assistance outside of role.

D. In order to create home in a facility, a nutrition assistant should:

1. Sit beside the resident when providing assistance.
2. Call the resident by his/her preferred name. Avoid terms like “sweetie,” “honey,” or “grandma.”
3. Speak directly to the resident and other residents at the table about appropriate topics. Give examples.
4. Not ask questions that require the resident to talk while he/she is trying to manage the food that is in his/her mouth and throat.
5. Avoid talking about personal issues with other staff while assisting residents to eat.

E. Resident Rights

1. Dignity
 - a. Only do for resident what he/she cannot do for himself/herself. The goal should be for the resident to be as independent as possible.
 - b. Praise resident when he/she is successful in feeding himself/herself.
 - c. Treat resident with respect.
 - d. Do not call clothing protectors “bibs.” May use large napkins to protect clothes.
 - e. Place the amount of food the resident can easily swallow on spoon or fork. Too much food could cause resident to choke.
 - f. If resident gets food on his/her face or hands, remove it with a napkin.

- ## F. Residents with special needs

- 10

- b. Provide examples of adaptive equipment and correct use.
- 3. If a resident has visual deficits, tell him/her what is on the plate and what is on the fork or spoon before placing it in his/her mouth. Explain food placement in relation to clock, i.e., eggs at 3:00 p.m.
- 4. If a resident wears glasses, make sure glasses are in place and lenses are clean.
- 5. If a resident usually wears a hearing aid and it is not in place, ask a nurse or nurse aide to assist the resident with the hearing aid.
- 6. If a resident usually wears dentures and they are not in place, ask a nurse or nurse aide to assist resident with obtaining dentures. Report to the nurse or nurse aide if the resident appears to have difficulty chewing with dentures.
- 7. Examples of techniques
 - a. Nonverbal prompts such as setting food in easy reach, providing assistive devices, ensuring the resident is seated so he/she can reach food and utensils.
 - b. Verbal prompts such as “would you like some tomato soup?” or “the chicken looks good.” Tell the resident what is on the plate. For some residents, place only one or two items at a time in front of them.
 - c. Physical guidance: place food on fork or spoon and hand to resident. Help resident to hold cup or utensil. If the resident does not move food toward mouth, use hand-over-hand technique. Use full physical assistance only if resident does not respond to any of the above techniques.

G. Positioning during meals

- 1. Resident should be sitting erect in chair with feet on floor or on wheelchair footrests.
- 2. Head should be positioned slightly forward. The resident's head should be tilted slightly forward and downward.
- 3. When resident is eating in bed, staff should elevate the head

of the bed to the highest position and support the resident's body and head with pillows to provide the maximum upright posture. The resident's head should be tilted slightly forward and downward.

4. If resident is not in an appropriate position to eat safely, ask a nurse or nurse aide to reposition the resident. Do not assist the resident to eat until he/she is in a safe position.

II. A safe dining experience

A. Prevention of infection

1. Call supervising nurse when ill. He/she may request that you not come to work if you are ill.
2. Wash hands before starting to assist a resident to eat.
 - a. Do not touch resident's face or hair or your own face and hair.
 - b. If hands touch items that are not clean, wash hands.
 - c. Wear gloves if needed.
3. Do not blow on food. Discuss alternative ways to cool foods.
4. If the resident's hands are not clean or the resident has been incontinent, ask the nurse or nurse aide to assist the resident with the needed care.
5. Observe the resident to ensure that he/she is chewing and swallowing the food.
6. Ensure the resident has swallowed the food before placing additional food in his/her mouth. Explain "pocketing food."

B. Food Safety (additional information attached)

1. Residents have an impaired immune system and are susceptible to food borne illness.
2. Discuss proper methods of food handling and serving.
3. Good hand washing is the primary way to prevent infection.
4. Be aware of temperature of food. Hot food should be hot and cold food cold. Re-warming or a fresh serving of food should

be provided by dietary staff.

5. If in doubt about the temperature of food, ask dietary staff for assistance.

C. Responding to emergencies

1. Use Heimlich maneuver for choking.
2. Aspiration: stop assisting to eat and get help.
3. Coughing: stop assisting to eat and get help.
4. Vomiting: stop assisting to eat and get help. Request assistance to clean area promptly.
5. Burns
 - a. Stop assisting to eat and get help.
 - b. Avoid serving very hot beverages and food.
 - c. Keep hot items out of resident's reach.

III. Fundamentals of good nutrition

A. Current Dietary Guidelines for Americans

B. Hydration

1. Offer resident a drink of water or other fluid to moisten mouth before offering solid food. Offer fluids frequently during the meal. Alternate fluids with solid foods.
2. Be aware of resident's preferences.

C. Factors affecting nutritional states

1. Loss of appetite or alteration of taste due to medications
2. Poorly fitting dentures
3. Food does not taste good; altered taste perception
4. Diseases causing loss of appetite, i.e., depression, and diseases causing increased calorie expenditure, i.e., COPD
5. Visual and sensory changes

D. Modified diet

1. Give examples of pureed foods, thickened liquids. The nutrition assistant should not assist residents who receive these foods.
2. Check foods received with planned menu.
3. Ask the nurse before giving substitutes.

E. Documentation

1. Fluid intake, how to measure
2. Food intake
 - a. Percentage
 - b. Food type
3. Notify nurse if the resident's intake is less than usual.

Food Safety

Why is Food Safety so Important?

Safe food sanitation prevents illness from food. The Centers for Disease Control and Prevention (CDC) estimates that each year 76 million cases of food borne illnesses occur in the United States. Many food borne illnesses last one or two days. Other food

borne illnesses are more serious. Approximately 5,000 people die each year from food borne illness. The most severe cases occur in the very old, the very young, and those with weakened immune systems.

Food Borne Illness

Food borne illness, sometimes called food poisoning, is caused by consuming foods or beverages contaminated by biological, physical or chemical hazards:

- Biological agents such as bacteria, viruses, parasites, yeast and molds
- Physical hazards such as glass, toothpicks, fingernails and jewelry
- Chemical hazards such as cleaners and sanitizers, pesticides and medications

Symptoms of Food Borne Illness

- Diarrhea
- Stomach cramping
- Nausea
- Vomiting
- Fever
- Body aches
- Rare symptoms include total system shutdown, coma and death

Why are the Elderly at More Risk for Food Borne Illness?

- Their immune systems are often weaker.
- They often have chronic health problems.
- Their sense of smell and taste is reduced, contributing to the resident=s inability to detect whether food is safe to eat.
- In a long-term care setting, many people handle and prepare the food served. The food has more opportunity for exposure to pathogens.

What Can I Do to Prevent Food Borne Illness?

You should use clean equipment for preparation, proper temperatures for holding and storage of food and proper hand washing at all times. If a facility and its staff do not maintain adequate food safety standards, large numbers of people can become ill from eating contaminated food.

Ways to Prevent Food Borne Illness

- Wash your hands often. Wash them before and after assisting each resident.
- Wash your hands after you sneeze or cough.
- Do not touch your own hair, face or body after washing your hands.
- Make sure the table area is clean and sanitized before bringing residents to eat.
- Cover all food and utensils transported out of the dining room area.

- Check foods. If something looks or smells bad, do not give it to the resident.
- Serve and help residents promptly. Do not allow cold food to become warm or hot food to become cold.
- Do not touch food to test its temperature. You can sense the heat of food by putting your hand above the food.
- If you think the food is too hot, do not blow on it to cool it off. Give the food time to cool down naturally. Remove dishes from metal hot plates before serving.
- If you think the food is too cold, reheat it in a microwave to an internal temperature of 165 degrees. Use a thermometer to check the temperature of food. The food should be left to cool for several minutes after reheating. A second temperature should be taken to assure the food is not above 140 degree when eaten by the resident.
- Touch only the base or sides of glasses and cups when lifting them. Keep your fingers away from the drinking edge.
- Touch only the paper wrapper to open straws and place them in a container.
- Handle plates by placing fingers underneath and thumb on the edge of rim. Do not put your fingers in the eating area.
- Use the handle end of utensils. Do not touch the eating surface.
- Do not wipe utensils with your uniform, soiled cloth or towel.
- Do not blow on plates or utensils to remove dust, dirt or crumbs. Never wipe them with your hands.
- Replace dropped utensils.
- Replace all plates, cups, glasses or utensils that are dirty.
- If you have any cuts or sores on your hands or arms, check with a nurse before working as a nutrition assistant.
- If allowed, do not transfer any alcohol based hand gel to food, dishes or utensils.

PAID NUTRITION ASSISTANT COMPETENCY TEST

To successfully complete the Paid Nutrition Assistant training, the student must pass the following competency test.

Name of Student:	Date
Competency	Successfully Completed
1. Demonstrate effective hand washing techniques following all	

rules of asepsis including washing hands prior to assisting residents with eating.	
2. Properly remove and dispose of gloves. Gloves should be worn minimally when assisting residents with eating.	
3. Demonstrate techniques used to assist resident with eating. Identify safety measures, encouraging independence and how to promote fluid intake.	
4. Simulate the abdominal thrust (Heimlich maneuver) technique.	

RN Signature: _____ Date: _____

RESOURCE LIST FOR INSTRUCTORS OF NUTRITION ASSISTANT TRAINING

The following books, articles, films and web sites have been suggested/reviewed by staff and members of the nutrition assistant training development committee. They contain material relevant to the training of nutrition assistants. They also contain material that is inappropriate for nutrition assistants but useful for certified nurse aides and nurses. It is important, if you use these materials, to carefully select the appropriate parts of a particular resource.

Books:

Assisted Dining: The Role and Skills of Feeding Assistants, 2003. American Health Care Association (AHCA), 1201 L. St. NW, Washington, DC, 20005. Call Basar Akkuzu, 202-898-2816 or the switchboard at 202-842-4444.

Assisting with Nutrition and Hydration in Long-Term Care, 2004. Hartman Publishing, Inc., 8529 Indian School Road, NE, Albuquerque, NM 87112, 800-999-9534. Or, contact Gailynn Garberding at 877-442-2190. Also available from www.amazon.com.

Eating Matters: A Training Manual for Feeding Assistants, Consultant Dietitians in Health Care Facilities, 2003. American Dietetic Association, 120 S. Riverside Plaza, Ste. 2000, Chicago, IL, 60606-6995, 800-877-1600.

Nutrition Assistant Essentials, 2004, by Barbara Acello. Delmar Thomson Learning Publications, Customer Service: 800-354-9706. ISBN number 1401872115. Also available from www.amazon.com.

Manual:

Dining Skills: Practical Interventions for the Caregivers of the Eating-Disabled Older Adult, by Consultant Dietitians in Health Care Facilities. Available at www.cdhef.org/products/p5003.html.

Articles:

Managing Mealtime in the Independent Group Dining Room: An Educational Program for Nurse Aides. Wanda Bonnel, RN, Ph.D. Geriatric Nursing, January/February 1995.

The Nursing Home Group Dining Room: Managing the Work of Eating. Wanda Bonnel, RN, Ph.D. Journal of Nutrition for the Elderly, vol.13.(1) 1993.

Video:

Nutrition-Hydration Care: A Guide for CNAs. Available from the Kansas Department on Aging (KDADS) library. The request and loan agreement is available online. The catalog number is "0088." Call 785-296-4222 or go to the KDADS website, www.kdads.ks.gov. Select Licensure, Certification and Evaluation, then select Audiovisual resources, then select Audiovisual request and loan agreement. KDADS will mail the video to requesters, who then will mail it back to KDADS. The only cost is the postage for returning the video.

Web Sites:

Dignity in Dining: Feeding Techniques for Elderly and Disabled Clients, www.beckydorner.com, choose "Resources", then "Dignity in Dining: Feeding Techniques for Elderly and Disabled Clients." Other choices lead to more information.

Individualize Feeding Experience, at www.borun.medsch.ucla.edu. Choose Weight loss prevention, then choose Step 2. Other choices lead to more information.

Hand Hygiene, at www.cfsan.fda.gov/~comm/handhyg.html.

Hand Hygiene in Health Care Settings, at www.cdc.gov/handhygiene/materials/htm.

Current Dietary Guidelines for Americans. The 2005 guidelines are accessible at www.healthierus.gov.

Operator Training Course Requirements

The Kansas State training course for operators was revised by the Kansas Department of Aging and Disability Services/Health Occupations Credentialing in 2009 with the help of the following revision committee members:

Susan Fout, Kansas Department on Aging
Susan Bullock, The Homestead of Topeka
Neil Barnett, Comfort Care Homes of Kansas City
Linda MowBray, Kansas Health Care Association

Bev Blassingame, Kansas Center for Assisted Living Board, President; Lexington Park Assisted Living, Executive Director
JoAnne L. Rogers, Operator, Via-Christi Cornerstone Broadmoore Assisted Living; Kansas Association of Homes and Services for the Aging
Kim Halbert, Kansas Adult Care Executives

1. Sponsors must be one of the following:

- long-term care provider organization
- community college
- area vocational-technical school
- postsecondary school under the jurisdiction of the Kansas Board of Regents

2. Instructors must:

- be a registered professional nurse, or
- hold a bachelor's degree

AND -

have a minimum of two years professional experience in long-term care and/or as an instructor of long-term care issues.

3. The following requirements must be agreed to in writing:

- The course will include all of the content found on the approved operator course outline.
- Each student will be provided printed materials related to the operation of a licensed adult care home facility including at least the following:
 - a. Pertinent statutes and regulations (www.kdads.ks.gov ; App. C)
 - Kansas Statutes and Regulations for the Licensure and Operation of Assisted Living and Residential Health Care
 - Kansas Statutes and Regulations for the Licensure and Operation of Adult Day Care
 - Kansas Statutes and Regulations for the Licensure and Operation of Home Plus
 - Particular attention should be given to:
 - K.S.A 39-923 and K.S.A. 39-970
 - K.A.R. 26-39-100 through K.A.R. 26-39-105
 - b. Functional Capacity Screen form and manual at www.kdads.ks.gov
 - c. Nutrition and Your Health: Dietary Guidelines for Americans, published by the US Department of Agriculture and US Department of Health and Human Services, available at www.health.gov
 - d. Example of a Negotiated Service Plan and Amended Service Plan
- The course will be at least 45 hours.
- The sponsor will:

- a. notify the department in writing at least three weeks in advance of any operator course, and include course dates, times and locations of any operator training course being held.
 - b. require that each presenter cover the material from the relevant regulation(s).
 - c. request each presenter's notes or outlines at least seven days prior to the course, to assure the content covers the topic specified; keep on file.
 - d. notify the department of any change from the approved sponsorship application, including any change in date or location for each course.
- The sponsor will also:
 - a. administer and score the test according to the conditions described in "Section 4. Test."
 - b. provide within three weeks of the course end date a certificate of completion to participants who complete the course and pass the test. The certificate must contain:
 - the statement that, "[Participant's name]" has completed a course approved by the secretary of health and environment on principles of assisted living in accordance with K.S.A. 39-923(a)(21), " and
 - the course approval number as assigned by the department.
 - c. inform the participants that the certificate is permanent evidence of completion of training and a copy must be sent to the licensure section of the Department on Aging each time they assume the responsibilities as an operator at a facility.
 - d. inform participants where they can obtain replacement certificates in the event a certificate is lost, destroyed, or stolen.
 - e. maintain a record of certificates issued to participants who have successfully completed the course and passed the test.
 - f. provide to the department within three weeks of the course end date a list of individuals who have successfully completed the course and passed the test. The list must contain the course approval number and the following information:
 - name
 - social security number
 - birth date
 - address

4. Test: Upon approval, the department will provide you with the approved state test forms. The test shall be administered to individuals after successful completion of the course. The individuals may have access to the regulations during the test. The individuals must score a minimum of 75 percent correct on the 50 questions to pass. Individuals who fail may retake the test one time, and must use an alternative test version. If the test is failed a second time, the course must be retaken.

- a. Test security is vital. In order to ensure that test content will not be compromised, the sponsor must agree to the following operator test security measures:
 - The sponsor secures the tests in a manner to ensure confidentiality.
 - The operator tests are released from this secured place only for the administration of the test.
 - The sponsor assures that the tests will not be reviewed except at test time by individuals taking the test.
 - Once the tests are scored, and a list of individuals who have successfully passed the test has been sent to the department, the tests are returned to a secure place.
- b. The sponsor will administer and score the test. If a student requests retaking the test, the sponsor may delegate administration of the test to a proctor in a different location. The sponsor must adhere to the following:
 - The test requirements as outlined in these guidelines will be followed.
 - The test will be returned to the sponsor to be scored.
 - Each time the test is proctored at another location, the sponsor will document the proctor and the location.

Operator Training Course Objectives

The operator course training objectives are integrated into the course outline. At the conclusion of the course, participants will be able to:

- I. **Discuss a conceptual, person-centered model for housing with services for older adults in licensed only facilities such as assisted living, home plus or adult day care.**
- II. **Demonstrate a basic knowledge of needs which may develop as a result of the aging process and common chronic diseases found in older adults.**

- III. Demonstrate a knowledge of Kansas laws and regulations which govern the operation of licensed only adult care homes, including the Operator's ongoing responsibility for the facility's compliance.**
- IV. Show knowledge and demonstrate understanding of the rights of individuals who reside in long-term care facilities.**
- V. Show understanding of the role of the surveyor.**
- VI. Identify other state regulatory entities to which the Operator may be responsible.**
- VII. Discuss the Operator's responsibility for documentation, including charting and resident records.**
- VIII. Demonstrate the Operator's responsibility for basic principles of management, including support personnel, staff and record keeping.**
- IX. Show knowledge of the procedures involved in admission, transfer and discharge of residents, and understanding of Advance Directives.**
- X. Show understanding of the role of the Operator in performing a "Functional Assessment Screen" and developing a "Negotiated Service Agreement."**
- XI. Show understanding of issues involved in abuse/neglect and exploitation, including prevention and reporting requirements.**
- XII. Identify strategies for communicating effectively with family members.**
- XIII. Discuss strategies for helping residents deal with behavioral symptoms, including those of dementia.**
- XIV. Identify basic principles in providing for the nutritional needs of older adults and safe food service management.**
- XV. Demonstrate a knowledge of infection control practices.**
- XVI. Demonstrate a basic understanding of the Operator's responsibility in medication management.**
- XVII. Demonstrate a basic understanding of fire safety and emergency procedures.**
- XVIII. Demonstrate minimal competency as an Operator in an adult care home by successfully passing the Operator examination.**

Operator Training Course Outline

Following is the complete outline for the operator training course. The course objectives are inserted as part of the outline, and are emboldened.

- I. **Discuss a conceptual, person-centered model for housing with services for older adults in licensed only facilities such as assisted living, home plus or adult day care.**
 - A. Introduction to the variety of housing and health care options in Kansas
 - B. Resident choice, autonomy and independence in a home-like environment.

- II. Demonstrate a basic knowledge of needs which may develop as a result of the aging process and common chronic diseases found in older adults.**
 - A. Review of the normal aging process
 - B. Common chronic diseases found in older adults
 - C. Common reasons people seek supportive housing:
 - 1. Medication
 - 2. Memory
 - 3. Mobility
 - 4. Psychosocial support
 - 5. Nutrition
 - 6. ADLs and IADLs
- III. Demonstrate a knowledge of Kansas laws and regulations which govern the operation of licensed only adult care homes, including the Operator's ongoing responsibility for the facility's compliance.**
 - A. Review of current regulations
 - 1. Home Plus
 - 2. Assisted Living and Residential Health Care
 - 3. Adult Day Care
 - B. Role of the Operator in overall facility compliance
- IV. Show knowledge and demonstrate understanding of the rights of individuals who reside in long-term care facilities.**
- V. Understand the role of the surveyor.**
 - A. Survey process
 - B. What the Operator should expect
- VI. Identify other state regulatory entities to which the Operator may be responsible.**
- VII. Discuss the Operator's responsibilities for documentation, including charting and resident records.**
 - A. Review of regulations related to resident records
 - B. Documentation of all incidents, symptoms and other indications of illness or injury
- VIII. Demonstrate the Operator's responsibility for basic principles of management, including support personnel, staff and record keeping.**

A. Support personnel

1. Outside providers
 - a. Contractual arrangements and availability of outside service providers
 - b. Operator's responsibility in communications
 - c. Support personnel's responsibility in communications
 - d. Documentation of support personnel
 - e. Advocating for residents with outside service providers
2. Healthcare personnel and unlicensed staff
 - a. Nurse Practice Act
 - i. Operator's responsibility and relationship with the nursing staff
 - ii. Appropriateness of delegation
 - iii. Who can do assessments
 - a) Certified Nurse Aide
 - b) Certified Medication Aide
 - c) Activity Director
 - d) Social Service Designee
 - e) Paid Nutrition Assistant

B. Staff

1. Development
2. Inservices
3. Qualifications
4. Record keeping
 - a. Personnel files
 - b. Tracking licensure
 - c. TB testing

C. Services provided by family and friends

D. Nuts and Bolts

1. HR issues
2. Teamwork and leadership
3. Legal issues
4. Marketing
5. Finance

IX. Know the procedures involved in admission, transfer and discharge of residents, and understand Advance Directives.

- A. Review of regulations and statutes related to admission, transfer and discharge of residents
- B. Development of admission, transfer and discharge criteria
- C. Advance directives

1. Review of guardianship statutes
2. Review of statutes addressing durable power of attorney for health care decisions
3. Strategies and resources for informing residents of advance directives

X. Understand the role of the Operator in performing a "Functional Assessment Screen" and developing a "Negotiated Service Agreement."

A. The "Functional Capacity Screen"

1. Understand the Operator's responsibility to review and insure that the Functional Capacity Screen and Negotiated Service Agreement is accurate and timely
2. Regulatory requirements related to "Functional Capacity Screen"
3. Item by item review of operational definitions to be used in performing the "Functional Capacity Screen"
4. Determining when a "Health Care Plan" is needed

B. Development of a "Negotiated Service Agreement"

1. Intent of a "Negotiated Service Agreement"
 - a. Negotiated by the parties
 - b. Facilitated, not directed, by the facility
2. What the agreement includes
 - a. Describe services provided
 - b. Identify the provider(s)
 - c. Identify party responsible for payment when services are provided by an outside provider
3. When to develop or revise
4. Who participates
5. Strategies for involving resident and others in the development of the negotiated service plan
6. Documenting the negotiated service plan

C. Designing systems for delivery of services

1. Factors affecting the decision to provide or coordinate a service
 - a. Service needs of residents
 - b. Cost of services to residents

2. Sufficient numbers of qualified personnel to ensure that residents receive services and care in accordance with the "Negotiated Service Agreement"

XI. Understand issues involved in abuse, neglect and exploitation, including prevention and reporting requirements.

- A. Definitions
- B. Staff treatment of residents
- C. Review of statutes and regulations related to abuse, neglect and exploitation of residents
- D. Mandatory investigating and reporting
- E. Required posting of information
- F. Educating staff on prevention of abuse, neglect and exploitation of residents
- G. Family issues involved in abuse, neglect and exploitation of residents

XII. Identify strategies for working effectively with family members.

- A. Listening skills
- B. Effective communication techniques
- C. Assisting families to deal with grief and guilt
- D. Resident rights versus family concerns
- E. Developing family support groups and networking

XIII. Discuss strategies for helping residents deal with behavioral symptoms, including those of dementia.

- A. Training staff to care for residents with behavioral symptoms
 1. Identification of behavioral symptoms
 2. Staff response to the behavioral symptoms of residents
 - a. Resources available for staff training
 - b. Interventions
- B. Role of the licensed nurse in providing services to residents with behavioral symptoms
 1. Assessment of residents with behavioral symptoms

2. Use of necessary (PRN) medications for the management of behavioral symptoms
- XIV. Identify basic principles in providing for the nutritional needs of older adults and safe food service management.**
- A. Basic nutritional needs of elders
 - B. Monitoring the resident's nutritional status
 - C. Meeting cultural, ethnic and regional food preferences
 - D. Involving residents in development of menus
 - E. Basic principles of food sanitation
 - F. The role of the dietary manager and/or dietitian
- XV. Demonstrate a knowledge of infection control practices.**
- A. Safe, sanitary environment
 - B. Policies and procedures to prevent and control the spread of infection
- XVI. Demonstrate a basic understanding of the Operator's responsibility in medication management.**
- A. Self-administration of medications
 - B. Facility management of medications
 - C. Role of the registered nurse, licensed practical nurse and certified medication aide
 - D. Ordering, labeling and storage
 - E. Drug regimen review
- XVII. Demonstrate a basic understanding of fire safety and emergency procedures.**
- XVIII. Demonstrate minimal competency as an Operator in an adult care home by successfully passing the Operator examination.**

Activity Director Training Course Requirements

The Kansas State training course for activity directors was revised by the Kansas Department of Aging and Disability Services/Health Occupations Credentialing in 2009 with the help of the following revision committee members:

Vera VanBruggen, Long-Term Care Director, Kansas Department on Aging
Linda MowBray, Kansas Health Care Association
Ruby M. Dudley, Activity Director
Beth M. Norris, Activity Director Certified, Medicalodges, Atchison
Tina Ashford, CTRS, Activity Director Consultant and Online Instructor
Laurie Kloepper, ADC/SSD, Kansas Association of Homes and Services for the Aging

The Kansas State Activity Director Course and the Kansas State Social Services Designee Course share the same objectives for the first portion of the course, which is called the "Core Course Outline." The final section of each course, called "Role and Function," is unique to each discipline.

1. Sponsors must be one of the following:

- long-term care provider organization
- community college
- area vocational-technical school
- postsecondary school under the jurisdiction of the Kansas Board of Regents
- proprietary school under Department of Education

2. Instructors must be one of the following:

- registered nurse
- licensed occupational therapist
- licensed occupational therapy assistant
- certified therapeutic recreation specialist
- or hold a bachelor's degree in a therapeutic activity field (such as music therapy, art therapy, horticulture, etc.)

AND -

must provide evidence of at least two years full-time work experience in their professional occupation within the last five years, one year of which was full-time in a health care setting.

NOTE: Occupational therapists and occupational therapy assistants must be licensed by the Kansas State Board of Healing Arts. Therapeutic recreational specialists must be certified through the National Therapeutic Recreation Society. Instructors who have earned a bachelor's degree must provide an official transcript.

3. The following requirements must be agreed to in writing:

- a. The sponsor will notify the department in writing at least three weeks in advance of any activity director course, and will include course dates and locations (use Course Notification Form in Appendix B).
- b. The sponsor will notify the department of any change from the approved sponsorship application including changes in date or location for each course.
- c. A minimum of 45 clock hours of classroom instruction must be presented for the course of instruction. Twenty hours will be devoted to the "core" section of the outline, and 25 hours will be devoted to the "role and function" section.
- d. Each student will be provided with copies of statutes and regulations which are pertinent to activity directors, including K.A.R. 26-39-100 and K.A.R. 28-39-153. (www.kdads.ks.gov , www.kdads.ks.gov/hoc ; App. C)
- e. The appropriate course outline must be followed.

- f. The sponsor will request each presenter's notes or outlines at least seven days prior to the course, to assure the content covers the topics specified.
- g. Each student must be evaluated by written tests developed by the instructor(s). These tests must show that the students have met the state course objectives. At least one written test will be required at the end of the core curriculum and at the end of the role and functions curriculum. Students must receive a grade of at least 75 percent on all tests for successful completion of the course. Additional evaluation methods may be required by the instructor to ensure that students meet the objectives.
- h. A certificate of completion of training shall be awarded to the successful student by the educational institution. This certificate shall include, at minimum, the name of the student, the name of the course, the name of the instructor, the date of completion, and the number of clock hours of instruction.
- i. The sponsor will maintain a record of certificates issued to participants who have successfully completed the course and passed the tests.
- j. The sponsor will inform participants where they can obtain replacement certificates in the event a certificate is lost, destroyed, or stolen.
- k. A roster of individuals who have successfully completed the course and tests must be submitted to the department. The list must include the course approval number and the name, address, social security number and birth date for each individual.

Activity Director Training Course Objectives

The activity director course training objectives are integrated into the course outline. At the conclusion of the course, participants will be able to:

Core Course Objectives

- I. Express a philosophy of person-centered, long-term care based on individual resident needs, preferences and choices.**
- II. Demonstrate a basic knowledge of the aging process, including misconceptions, physical changes and psychosocial aspects.**
- III. Demonstrate knowledge of applicable state and federal regulations.**
- IV. Show understanding of the rights of individuals who reside in long-term care facilities.**
- V. Demonstrate knowledge of the admission and discharge process.**

- VI. Demonstrate an understanding of the principles of documentation.**
- VII. Demonstrate ability in basic performance skills, such as teamwork, communication skills and working with administrative staff and other disciplines.**
- VIII. Discuss issues involved in the management of internal support staff, budgeting, supplies, and outside resources.**
- IX. Show understanding of methods of identifying resident interests and needs and the use of assessment in care plan development.**
- X. Evaluate a care plan for effectiveness.**

Role and Function Objectives

- XI. Identify the role of the Activity Director in today's long-term care environment.**
- XII. Demonstrate knowledge of a variety of programming options.**
- XIII. Show awareness of the role of various therapies in activity programming.**
- XIV. Identify the availability, options and uses for adaptive equipment and interventions.**
- XV. Discuss management of resident and community volunteers, including recruitment, training and recognition.**
- XVI. Demonstrate ability to perform needed documentation**
- XVII. Structure planning for optimal use of environment.**
- XVIII. Establish and facilitate group and individual participation.**
- XIX. Demonstrate competency by successfully passing two exams and other evaluations as determined by course instructor. (Demonstrate competency by passing the state test.)**

Activity Director Training Course Outline

Following is the complete outline for the activity director training course. The Kansas State Activity Director Course and the Kansas State Social Services Designees Course share the same objectives for the first portion of the course, which is called the "Core Course Outline." The final section of each course, called "Role and Function," is unique to each discipline. The course objectives are inserted as part of the outline, and are emboldened.

Core Course Outline (20 hours)

- I. Express a philosophy of person-centered, long-term care based on individual resident needs, preferences and choices.**
 - A. History of long-term care
 - B. Philosophy of person-centered care
- II. Demonstrate a basic knowledge of the aging process, including misconceptions, physical changes and psychosocial aspects.**
 - A. Basic knowledge of the aging process

1. Theories of aging
 - a. Basic human needs
 - b. Human sexuality
 2. General understanding of common disease processes
 3. Terminology
 - a. Abbreviations
 - b. Understanding person-centered care
- B. Misconceptions
1. Stereotypes and society's views
 2. Human wellness and aging
- C. Physical Changes
1. Effects of disabilities
 2. Body changes
 3. Sensory impairments
- D. Cognitive changes: Dementia, Alzheimers
1. Typical behaviors
 2. Approaches and techniques
- E. Mental Health/Illness
1. Understanding residents with mental health issues in a person-centered care environment
 2. Responses and resources
- F. Psychosocial needs
1. Behavioral
 2. Personality
 3. Losses
 - a. physical
 - b. social
 - c. economic

4. Autonomy
5. Emotional
6. Spiritual
7. Cultural norms and lifestyles
8. Family and interpersonal issues
9. Addictions
10. Sexuality
11. Dying and death

III. Demonstrate knowledge of applicable state and federal regulations.

- A. Overview of applicable regulations
 1. Quality of life issues
 2. Abuse, Neglect and Exploitation reporting
- B. The Survey Process
 1. Preparation
 2. The surveyor's observations, interview and record review
 3. Deficient practice
 - a. consequences
 - b. plan of correction

IV. Show understanding of the rights of individuals who reside in long-term care facilities.

- A. OBRA resident rights
- B. Advocacy in self-determination
- C. Resident/family councils

V. Demonstrate knowledge of the admission and discharge process.

- A. Types of information that needs to be gathered

- B. Techniques for gathering information
 - 1. Communicating with family and staff
 - 2. Observation

VI. Demonstrate an understanding of the principles of documentation.

- A. Correct use of abbreviations
- B. Timeliness and updates
- C. Legalities and practical implications
 - 1. Authenticity
 - 2. Confidentiality
 - 3. Facility policy
- D. Quality assurance
- E. Electronic and written records: a brief overview

VII. Demonstrate ability in basic performance skills, such as teamwork, communication skills and working with administrative staff and other disciplines.

- A. Teamwork
- B. Communication Skills
 - 1. Listening
 - 2. Verbal
 - 3. Written
 - 4. Non-Verbal
- C. Working with administrative staff
- D. Working with other disciplines
- E. Organizations

VIII. Discuss issues involved in the management of internal support staff, budgeting, supplies, and outside resources.

- A. Internal support staff
 - 1. Training and ongoing education
 - 2. Time management
 - 3. Policies and procedures
 - 4. Conduct
- B. Budgeting and supplies
 - 1. Budgeting concepts
 - 2. Fundraising
 - 3. Inventory
- C. Outside Resources
 - 1. Free resources
 - 2. Local, state and national resources
 - 3. Consultation resources

IX. Show understanding of the rights of individuals who reside in long-term care facilities.

- A. Getting to know the person
 - 1. Interviewing skills
 - 2. Resident input
 - 3. Family input
 - 4. Staff communication
 - 5. Initial assessments
 - 6. Resident Assessment Instrument (RAI)
- B. Person Centered Care Plan Development
 - 1. Teamwork approach
 - a. Care plan meeting

- b. Multi-disciplinary
 - c. Interdisciplinary
- 2. Types: a brief introduction
 - a. Traditional
 - b. "I" care plans

X. Evaluate a care plan for effectiveness.

- A. When to review and revise
 - 1. When observations reflect changes
 - 2. When documentation warrants review
- B. Care plan meeting
 - 1. Who participates
 - 2. When
- C. Documentation
 - 1. Progress notes
 - 2. Care plan update

Role and Function (25 hours)

XI. Identify the role of the Activity Director in today's long-term care environment.

- A. Overview of the activity profession
 - 1. Historical background
 - 2. Understanding activities
- B. Activity associations
- C. Resources and support systems
 - 1. Web
 - 2. Print publications
 - 3. State agencies
 - a. KDADS: Kansas Department On Aging
 - b. KDADS/HOC: Kansas Department of Aging and Disability Services/Health Occupations Credentialing
 - 4. Provider organizations

XII. Demonstrate knowledge of a variety of programming options.

A. Scope of programming

1. Recreational
2. Educational
3. Social
4. Spiritual
5. Physical
6. Vocational
7. Mental/cognitive
8. Emotional
9. Cultural

B. Levels of programming

1. Low functioning
2. Cognitive impairments
3. Mental illness
4. Short term stays
5. Independent
6. End of life

C. Types

1. Leisure
2. Theme
3. Special event
4. Seasonal
5. Self esteem
6. Gender oriented

7. Outdoor
8. Younger population
9. Person appropriate
10. Daily pleasures
11. Comfort/solace
12. Meaningful and relevant to resident
13. Spontaneous activities
14. Life roles
15. Occupational
16. Welcoming activities
17. Creative
18. Service for others
19. Community involvement
20. Special events
21. Technology
22. Food related
23. New interests

XIII. Show awareness of the role of various therapies in activity programming.

A. Therapies

1. Fantasy
2. Reality orientation
3. Remotivation
4. Validation
5. Music and dance

6. Art, poetry and drama
7. Recreation
8. Pets
9. Intergenerational
10. Sensory stimulation
11. Reminiscing
12. Aromatherapy
13. Massage
14. Horticulture

B. Working with the rehabilitation team

XIV. Identify the availability, options and uses for adaptive equipment and interventions.

A. Adapting activities to abilities

1. Visual
2. Hearing
3. Physical
4. Cognitive
5. Behavioral
6. Nutritional: Food and fluids

B Resources for securing adaptive equipment

1. Area Agency on Aging
2. Web
3. Print
4. Library

5. Provider organizations

XV. Discuss management of resident and community volunteers, including recruitment, training and recognition.

- A. Recruitment
- B. Orientation
- C. Training
- D. Placement
- E. Supervision
- F. Recognition

XVI. Demonstrate ability to perform needed documentation

- A. Initial assessment and observation
 - 1. Assessment tool
 - 2. Admission note
 - 3. Daily participation record
 - a. Group participation
 - b. One to one
 - c. Independent
- B. Resident Assessment Instrument (RAI)
 - 1. Minimum Data Set (MDS)
 - a. Omnibus Reconciliation Act (OBRA) Assessment Schedule
 - i. Admission
 - ii. Quarterly
 - iii. Annual
 - iv. Significant change
 - b. Prospective Payment System (PPS – Medicare) Assessment Schedule
 - 2. Resident Assessment Protocol (RAPs) Input
 - a. Admission
 - b. Annual
 - c. Significant change
 - 3. Progress notes
- C. Individualized Care Plans

1. Components
 - a. Needs/strengths/preferences
 - b. Goals
 - c. Approaches/interventions
 - d. Responsible disciplines
2. Stages of care planning
 - a. Temporary initial care plan
 - b. Permanent care plan
 - c. Care plan update

XVII. Structure planning for optimal use of environment.

A. Physical

1. Light, ventilation, noise
2. Sufficient space to enter and leave
3. Sharing areas
4. Supplies and equipment

B. Personalize

1. Room
2. Facility
3. Routines

C. Working environment of volunteers and staff

1. Safe
2. Supervised

XVIII. Establish and facilitate group and individual participation.

A. Group sizes

1. Large
2. Small
3. Independent/self-directed

- 4. One and one
- B. Social interaction
- C. Specialized groups
 - 1. Populations
 - 2. Interests
- D. Spontaneous
- E. Calendar programming and evaluation
 - 1. Reflect interests
 - 2. Substitutions
 - 3. Weekend/evenings/holidays
- F. Planning and carrying out activities
 - 1. Resident choice over facility and ADL schedule
 - 2. Planning
 - 3. Notifying
 - 4. Assisting to activity
 - 5. Assistance during activity
 - 6. Who else is involved
 - 7. Nuts and bolts
- G. Activity analysis
- H. Activity precautions and infection control
- XIX. Demonstrate competency by successfully passing two exams and other evaluations as determined by course instructor.**

Social Services Designee Training Course Requirements

The Kansas State training course for social services designees was revised by the Kansas Department of Aging and Disability Services/Health Occupations Credentialing in 2009 with the help of the following revision committee members:

Laurie Bunker, SSD, Plaza West Regional Health Center

Dawn Johnico, LMSW

Robin Gilbert, LBSW, Kansas Health Care Association

Tamara Reynolds, Kansas Adult Care Executives

Vera VanBruggen, Long-Term Care Director, Kansas Department on Aging

LouAnn Voth, LBSW, A.C.B.S.W., Kansas Association of Homes and Services for the Aging

Laurie Kloepper, ADC/SSD, Dooley Center, Atchison

Michelle Canady, SSD, Lexington Park Post Acute and Nursing Facility

Angala Anderson, SSD/AD, Brewster Place Retirement Community

1. Sponsors must be one of the following:

- long-term care provider organization
- nursing facility
- community college
- area vocational-technical school
- postsecondary school under the jurisdiction of the Kansas Board of Regents
- proprietary school under Department of Education

2. Instructors must be one of the following:

- registered nurse
- licensed social worker (any level)

AND -

must provide evidence of at least two years full-time work experience in their professional occupation within the last five years, one year of which was full-time in a health care setting.

3. The following requirements must be agreed to in writing.
 - a. The sponsor will notify the department in writing at least three weeks in advance of any social services designee course, and will include course dates and locations .
 - b. The sponsor will notify the department of any change from the approved sponsorship application including any change in date or location for each course.
 - c. A minimum of 45 clock hours of classroom instruction must be presented for the course of instruction. 20 hours will be devoted to the "core" section of the outline, and 25 hours will be devoted to the "role and function" section.
 - d. Each student will be provided with copies of statutes and regulations which are pertinent to social services designees, including K.A.R. 26-39-100 and K.A.R. 28-39-153. (www.kdads.ks.gov ; www.kdads.ks.gov/hoc ; App. C)
 - e. The appropriate course outline must be followed.
 - f. The sponsor will request each presenter's notes or outlines at least seven days prior to the course, to assure the content covers the topics specified.
 - g. Each student must be evaluated by written tests developed by the instructor(s). These tests must show that the students have met the state course objectives. At least one written test will be required at the end of the core curriculum and at the end of the role and functions curriculum. Students must receive a grade of at least 75 percent on all tests for successful completion of the course. Additional evaluation methods may be required by the instructor to ensure that students meet the objectives.
 - h. A certificate of completion of training shall be awarded to the successful student by the educational institution. This certificate shall include, at minimum, the name of the student, the name of the course, the name of the instructor, the date of completion, and the number of clock hours of instruction.
 - i. The sponsor will maintain a record of certificates issued to participants who have successfully completed the course and passed the tests.
 - j. The sponsor will inform participants where they can obtain replacement certificates in the event a certificate is lost, destroyed, or stolen.

- k. A roster of individuals who have successfully completed the course and tests must be submitted to the department. The list must include the course approval number and the name, address, social security number and birth date for each individual.

Social Services Designee Training Course Objectives

The social services designee course training objectives are integrated into the course outline. At the conclusion of the course, participants will be able to:

Core Course Objectives

- I. **Express a philosophy of person-centered, long-term care based on individual resident needs, preferences and choices.**
- II. **Demonstrate a basic knowledge of the aging process, including misconceptions, physical changes and psychosocial aspects.**
- III. **Demonstrate knowledge of applicable state and federal regulations.**
- IV. **Show understanding of the rights of individuals who reside in long-term care facilities.**
- V. **Demonstrate knowledge of the admission and discharge process.**
- VI. **Demonstrate an understanding of the principles of documentation.**
- VII. **Demonstrate ability in basic performance skills, such as teamwork, communication skills and working with administrative staff and other disciplines.**
- VIII. **Discuss issues involved in the management of internal support staff, budgeting, supplies, and outside resources.**
- IX. **Show understanding of methods of identifying resident interests and needs and the use of assessment in care plan development.**
- X. **Evaluate a care plan for effectiveness.**

Role and Function Objectives

- XI. Demonstrate a basic knowledge of the history, philosophy and current need for social services in the long-term care environment.**
- XII. Explain what social services designees do.**
- XIII. Prepare for possible facility expectations.**
- XIV. Identify who social services designees work with.**
- XV. Fulfill the social services designee's responsibility in documentation.**
- XVI. Identify and work with area resources.**
- XVII. Prepare for additional "nuts and bolts" issues involved in working as a social services designee.**
- XVIII. Demonstrate competency by successfully passing two exams and other evaluations as determined by course instructor.**

Social Services Designee Training Course Outline

Following is the complete outline for the social services designee training course. The Kansas State Social Services Designee Course and the Kansas State Activity Director Course share the same objectives for the first portion of the course, which is called the "Core Course Outline." The final section of each course, called "Role and Function," is unique to each discipline. The course objectives are inserted as part of the outline, and are emboldened.

Core Course Outline (20 hours)

- I. Express a philosophy of person-centered, long-term care based on individual resident needs, preferences and choices.**
 - A. History of long-term care
 - B. Philosophy of person-centered care
- II. Demonstrate a basic knowledge of the aging process, including misconceptions, physical changes and psychosocial aspects.**
 - A. Basic knowledge of the aging process
 - 1. Theories of aging
 - a. Basic human needs
 - b. Human sexuality
 - 2. General understanding of common disease processes
 - 3. Terminology
 - a. Abbreviations
 - b. Understanding person-centered care
 - B. Misconceptions
 - 1. Stereotypes and society's views

- 2. Human wellness and aging
- C. Physical Changes
 - 1. Effects of disabilities
 - 2. Body changes
 - 3. Sensory impairments
- D. Cognitive changes: Dementia, Alzheimers
 - 1. Typical behaviors
 - 2. Approaches and techniques
- E. Mental Health/Illness
 - 1. Understanding residents with mental health issues in a person-centered care environment
 - 2. Responses and resources
- F. Psychosocial needs
 - 1. Behavioral
 - 2. Personality
 - 3. Losses
 - a. physical
 - b. social
 - c. economic
 - 4. Autonomy
 - 5. Emotional
 - 6. Spiritual
 - 7. Cultural norms and lifestyles
 - 8. Family and interpersonal issues
 - 9. Addictions
 - 10. Sexuality

11. Dying and death

III. Demonstrate knowledge of applicable state and federal regulations.

A. Overview of applicable regulations

1. Quality of life issues
2. Abuse, Neglect and Exploitation reporting

B. The Survey Process

1. Preparation
2. The surveyor's observations, interview and record review
3. Deficient practice
 - a. consequences
 - b. plan of correction

IV. Show understanding of the rights of individuals who reside in long-term care facilities.

- A. OBRA resident rights
- B. Advocacy in self-determination
- C. Resident/family councils

V. Demonstrate knowledge of the admission and discharge process.

- A. Types of information that needs to be gathered
- B. Techniques for gathering information
1. Communicating with family and staff
 2. Observation

VI. Demonstrate an understanding of the principles of documentation.

- A. Correct use of abbreviations
- B. Timeliness and updates
- C. Legalities and practical implications

1. Authenticity
2. Confidentiality
3. Facility policy
- D. Quality assurance
- E. Electronic and written records: a brief overview
- VII. Demonstrate ability in basic performance skills, such as teamwork, communication skills and working with administrative staff and other disciplines.**
 - A. Teamwork
 - B. Communication Skills
 1. Listening
 2. Verbal
 3. Written
 4. Non-Verbal
 - C. Working with administrative staff
 - D. Working with other disciplines
 - E. Organizations
- VIII. Discuss issues involved in the management of internal support staff, budgeting, supplies, and outside resources.**
 - A. Internal support staff
 1. Training and ongoing education
 2. Time management
 3. Policies and procedures
 4. Conduct
 - B. Budgeting and supplies
 1. Budgeting concepts

2. Fundraising

3. Inventory

C. Outside Resources

1. Free resources

2. Local, state and national resources

3. Consultation resources

IX. Show understanding of the rights of individuals who reside in long-term care facilities.

A. Getting to know the person

1. Interviewing skills

2. Resident input

3. Family input

4. Staff communication

5. Initial assessments

6. RAI

B. Person Centered Care Plan Development

1. Teamwork approach

- a. Care plan meeting

- b. Multi-disciplinary

- c. Interdisciplinary

2. Types: a brief introduction

- a. Traditional

- b. "I" care plans

X. Evaluate a care plan for effectiveness.

A. When to review and revise

1. When observations reflect changes

2. When documentation warrants review

- B. Care plan meeting
 - 1. Who participates

- 2. When

- C. Documentation

- 1. Progress notes
 - 2. Care plan update

Role and Function (25 hours)

XI. Demonstrate a basic knowledge of the history, philosophy and current need for social services in the long-term care environment.

- A. History and Philosophy
- B. Code of Ethics of the National Association of Social Workers and other ethical issues.
- C. Role of the supervisor

XII. Explain what social services designees do.

- A. Admission
 - 1. Prescreening
 - 2. Care Assessments
 - 3. Funeral planning
- B. Discharge
- C. Advocacy
- D. Mediation
- E. Problem solving
- F. Supportive services
 - 1. Resident
 - 2. Family

- 3. Staff
- G. Assist with financial planning
 - 1. Private Pay
 - 2. Insurance
 - 3. Medicare/Medicaid
- H. Assist with legal issues
 - 1. Advance Directives
 - 2. Guardianship

XIII. Prepare for possible facility expectations.

- A. Professionalism
- B. Marketing
- C. Orientation
- D. Transportation and appointments

XIV. Identify who social services designees work with.

- A. The social services designee and the rest of the team.
 - 1. When is it the social services designee's responsibility?
 - 2. When and how to delegate
 - 3. Coordination of services
 - a. rehab
 - b. continuum of care
- B. The social services designee and the resident
 - 1. Resident rights issues
 - a. inventory
 - b. missing items
 - c. grievances and complaints
 - d. roommate assignments
 - 2. Abuse, Neglect and Exploitation

- 3. Direct supportive services
 - a. shopping
 - b. letter writing
 - c. conversation
- 4. Depression and loss
 - a. who assesses
 - b. when to report
- 5. End of life
- C. The social services designee and the family
 - 1. Education
 - 2. Support and communication
- D. The social services designee and the community

XV. Fulfill the social services designee's responsibility in documentation.

- A. Social history
- B. Resident Assessment Instrument (RAI) - Social services designees provide input, but may not complete
 - 1. Minimum Data Set (MDS)
 - a. Omnibus Reconciliation Act (OBRA)
 - b. Prospective Payment System (PPS – Medicare)
 - c. areas in which social services designees have input
 - i. cognitive
 - ii. communication
 - iii. mood
 - iv. psychosocial
 - vi. discharge
 - 2. Resident Assessment Protocol (RAPs)
- C. Individualized Care Plan
- D. Progress notes
- E. Intervention notes

XVI. Identify and work with area resources.

- A. Hospice

B. Medicare/Medicaid

C. SRS

D. Adult Protective Services

XVII. Prepare for additional "nuts and bolts" issues involved in working as a social services designee.

XVIII. Demonstrate competency by successfully passing two exams and other evaluations as determined by course instructor.

FACILITIES

http://www.aging.state.ks.us/AdultCareHomes/AdultCareHomes_index.html

26-39-100	Definitions
26-39-101	Licensure of Adult Care Homes
26-39-102	Admission, Transfer, and Discharge Rights of Residents in Adult Care Homes
26-39-103	Resident Rights in Adult Care Homes
26-39-104	Receivership of Adult Care Homes
26-39-105	Adoptions by Reference: General
26-39-438	Informal Dispute Resolution Requests
26-39-439	Informal Dispute Resolution Panel
26-39-440	Informal Dispute Resolution Process
26-39-441	Notification of Final Decision
28-39-149	Protection of Resident Funds and Possessions
28-39-150	Resident Behavior and Nursing Facility Practices
28-39-151	Resident Assessment
28-39-152	Quality of Care
28-39-153	Quality of Life
28-39-154	Nursing Services
28-39-155	Physician Services
28-39-156	Pharmacy Services
28-39-157	Specialized Rehabilitation Services
28-39-158	Dietary Services
28-39-159	Specialized Rehabilitation Services
28-39-160	Other Resident Services
28-39-161	Infection Control
28-39-162	Physical Environment; Construction and Site Requirements
28-39-162a	Physical Environment; General Requirements
28-39-162b	Physical Environment; Details and Finishes
28-39-162c	Physical Environment; Mechanical and Electrical Requirements
28-39-163	Administration